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and writing may be possible. In cases of pure verbal deafness the acoustic may be represented by the visual image. Bianchi dissents from Charcot's view that verbal deafness and verbal amnesia may have the same seat, but in the first case be destroyed and in the latter only superficially injured, and holds that amnesia may be due to interruption between the idea and acoustic centre, or due to enfeeblement of ideation. Verbal blindness is much less apt to be associated with psychic lesion than verbal deafness, although the latter often co-exists with intact ideative processes. If DeWattville's view be correct that reading is possible only with true mnemonic and reproduction of acoustic images, then verbal blindness ought to be caused by interruption between the acoustic and visive centre. An interesting case of an aphasic is given who could not get the name "hat" from seeing it or even touching it, but just attained the word by taking the hat and putting it on his head with some force with both hands, and could pronounce the word "key" only in the act of turning a key. Whether this is sensory (Wernicke) or motor aphasia (G. Stewart) it is hard to tell, but the *post mortem* finding did not indicate disease of the word-centre.

On different Kinds of Aphasia, with special Reference to their Classification and ultimate Pathology. By H. C. BASTIAN. pp. 28. 1887.

Fourteen forms of defect in speech and writing are distinguished. The basis is anatomical, and the terms commissural aphasia, glosso- and cheiro-kinaesthetic centre may serve to suggest the chief novelties in this vexed field of classification. The paper contains interesting and new cases and diagrams.

De la Guérison de la Paralyse Générale, et de la Théorie des Pseudo-folies Paralytiques. BAILLARGER. *Annales Médico-psychologiques*, 1887, No. 1.

General paralysis is so universally held to be incurable that whenever a case of recovery has been reported it is at once set down, obvious and unique as the symptoms are, as a case of error in diagnosis. Even the case of recovery so minutely reported by Tuczek (in his *Beitrag zur pathologischen Anatomie und zur Pathologie der Dementia paralytica*) has been called an error of this sort. Baillarger, however, here reports a case of a man of thirty-nine who became prodigal in his expenses, excited, sleepless, with delusions of greatness as to his wealth, the number of his children, thought himself Pope and Emperor of Germany, and lost power to articulate certain sounds. About a year after he entered the asylum (1878) he had begun to recover, and at the intercession of his friends was granted leave of absence, the certificate of release stating, however, that he was enjoying a remission, that a fresh attack was certain, and that his intelligence was already greatly enfeebled. He quite recovered, and in 1882 resumed his post of business. Vision, however, was gradually impaired in one eye, and in 1884 symptoms of locomotor ataxia were fully developed. The author objects to the distinction between true general paralysis characterized by chronic periencephalitis, and pseudo-general paralysis due to simple circulatory derangements, and prefers to say that two distinct maladies have been confused under the term of general paralysis: one being characterized by diffuse delirium of greatness, hesitation of speech, and being quite distinct from general paralysis, the early stages of which it resembles, and being, unlike it, curable.